

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Hayden

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

County Registrar No. \_\_\_\_\_

Local Registrar No. 65

2. Full name of child

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth 9-10-27  
Month day year

3. Full name

FATHER

14. Full, maiden name

MOTHER

9. Residence

(Usual place of abode)

If nonresident, give place and state

15. Residence

(Usual place of abode)

If nonresident, give place and state

10. Color or race

16. Color or race

11. Age at last birthday 32 (Years)17. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against op-  
thalmia neonatorum?Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

Born alive at 6:30 p.m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or  
midwife, then the father, householder, etc.,  
should make this return. A stillborn child  
is one that neither breathes nor shows other  
evidences of life after birth.

Signature

Address

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year.

Filed

Filed

1927

Local Registrar.

County Registrar.

Registrar.

121-910-124